

This document provides an Executive Summary on the implementation options regarding a Violence Interrupters Program (VIP).

Introduction

During the 2021 budget cycle, City Council allocated \$500,000 annually for three years to implement a Violence Interrupters Program (VIP) in the City of Wichita to reduce gun violence in the community. This report provides background research, best practices, program direction, examples, and guidance.

Background

Communities across the country are implementing violence interruption initiatives such as street outreach. This entails trained violence prevention professionals, intensive case management, and neighborhood-based services that focus on building relationships with known high-risk youth and known violent offenders to guide them away from violence and toward positive alternatives. It operates in discrete high violence neighborhoods using a data-driven, public-health approach by treating violence as a disease that can be interrupted, prevented, and stopped. This outreach team's use of pooled intelligence and resources directs their work with individuals most likely to commit or be victims of violence.

Violence Interrupters are individuals who reach out to high-risk members of the population with messages of peace and non-violence. They seek to help these individuals make changes in their lives to move away from violent behavioral patterns and environmental influences. "Interrupters" may ride with individuals from place to place and occasionally enter their homes. They frequent areas where violence tends to occur and are trained to intervene and diffuse when altercations arise. These individuals then maintain relationships with the victims for months or longer. After gaining trust and introducing the program, violence prevention professionals work with clients and their families to develop a plan that meets their immediate safety needs (short-term), provides services, and establishes goals (long-term). They connect people to individualized wraparound services such as housing/financial assistance, legal services, therapeutic services, grief counseling, substance abuse treatment, job training, and others; making sure no one falls through the cracks.

Violence intervention frames violence as a public health issue that requires a holistic understanding of violent behavioral outcomes and risk factors shaped by contextual, biological, environmental, systemic, and social stressors. Most people are not violent, and those who are, can change. People become violent because they have been exposed to violence and have picked up the behavior in the same way one would pick up a cold. Violent behavior is contagious through exposure, modeling, social learning, and norms. These acts of violence have a multiplying effect. For example, a shooting can lead to retaliation, and that retaliation can lead to further escalation. Potential acts of violence can be detected, prevented, and cured by interrupting the transmission of violence using credible messengers and disease control methods. This is the foundation for violence interruption.

Best Practices

Community violence intervention has been in existence for decades with community-based organizations successfully reducing violence through locally driven, data-informed alternative public safety measures. Several models for Community Violence Intervention (CVI) include, but are not limited to street outreach, group violence intervention, crime prevention through environmental design, and hospital-based violence intervention programs.

Violence intervention is community-centered, driven, and directed. For example, Youth Alive is a non-profit that has been helping violently wounded people heal themselves in California for 30 years. They work with the City of Oakland to implement successful violence prevention, interruption, and healing programs such as Caught in the Crossfire. This program meets traumatized young victims of violence at their hospital bedsides to convince them, their friends and family not to retaliate; and offer practical help and a path toward safety and healing.

Additionally, Youth Advocate Programs (YAP) is a nationally recognized nonprofit that has 45 years of agency-wide experience engaging the highest-risk individuals in neighborhoods affected by violence, poverty and incarceration in North Carolina. They partner with the City of Charlotte and Cure Violence Global (CVG) to implement Alternatives to Violence, a program seeking to reduce violence locally by interrupting transmission of the disease, reducing the risk of the highest at risk, and changing community norms. CVG has a successful history of implementing violence interrupter programs throughout the country (Appendix).

Best practices dictate that Violence Interrupters are staffed by specialists recruited from the community they serve, who bring knowledge and caring, not judgment. City Officials do not have the credibility or trust to implement this program in isolation. Additionally, “Interrupters” will not share information with Police. Violence interruption is a data-driven model; through a combination of statistical information and street knowledge; program staff identify where to concentrate efforts, focus resources, and intervene in violence. “Interrupters” work closely to gain the trust and respect of known violent offenders, thus, communication with Police is dangerous. Successfully implemented programs intentionally separate “Interrupters” from Police and even have agreements that they are hands-off and don’t interact in public. Therefore, information should flow one way from Police to VIP.

Implementation Model

It is critical that the City identifies an organization with the capacity to *do* the work. It is even more vital that this organization can find and hire the right people from the community *for* the work. Violence Interruption staff intervene in crises, mediate disputes between individuals, and intercede in group disputes to prevent acts of violence. Staff are experienced and well-trained professionals from the places they represent. These individuals must have credibility and strong reputations in the community; and this translates to experience on the streets and/or time spent in prison. “Interrupters” are people who have been there, who have either worked in street outreach for years or who have been on the other side, and who understand the language, the codes, and the barriers to a new life for young gang and group members in Wichita’s toughest neighborhoods. Recruiting the right individuals for this work may mean exploring alternatives to traditional job posting sites. Additionally, Violence Interrupters and Outreach Workers must be trained and equipped to navigate perilous, complex environments.

The process below adheres to VIP implementation best practices:

- **Assessment:** collaborate with Law Enforcement and community intelligence regarding shootings, homicides, and warring neighborhoods- identify which neighborhoods have persistent gun homicides/shootings (VIP sites)
- **Capacity Building:** identify an agency with the capacity and will to implement violence interruption work
- **Recruitment & Hiring:** ensure that Violence Interrupters and Outreach Workers have the credibility, rapport, and knowledge to identify and work with individuals/groups at the highest risk for involvement in shootings and killings
- **Training:** administered either by City staff or external organizations to implementing agency
- **Monitoring:** determine metrics for success and pivot as needed

The following are two options for implementation:

OPTION 1: VIP implemented by City

City staff would conduct the assessment to determine where VIP site(s) should exist, number of personnel required, and the identification of a community-based organization (CBO) to host VIP. Since this Program is new to the City, the learning curve will extend the implementation timeline.

Following the assessment phase, an RFP would be created seeking a CBO to host, coordinate, and manage the Program. The City would aid in recruitment and hiring, technical assistance, and training. This would require a “train-the-trainer” strategy as the City has no subject matter expertise in implementing this type of intervention.

Under this implementation model, a full-time staff person would be needed to stand up the site(s) and train the CBO. Staff time could be reduced to part-time once the site(s) is live. Assistance would also be needed to draft the RFP and negotiate the contract. Potential areas/departments for the Program Coordinator to reside are the City Manager’s Office; Office of Community Services, Housing & Community Services; Public Services, Law: City Attorney’s Office or Municipal Court.

Option 2: VIP Implemented with Technical Assistance

Research reveals The Health Alliance for Violence Intervention (HAVI) and Cure Violence Global (CVG) as leading technical experts in building and connecting violence intervention programs. The HAVI, created in 2009, offers a range of training and technical assistance services for interested people and Hospital-based, hospital-linked programs that address the intersectional nature of trauma, social determinants of health, and violence.

Likewise, CVG has been in existence for 20 years and pioneered the public health approach to violence by changing the behavior of those at the highest risk of violence with credible messengers. They have over 50 sites in 25 cities in the US and provide technical assistance and training to build the capacity of a local organization to do the work. They collaborate with funders to identify a local host, target area, number of workers needed (Violence Interrupters, Outreach Workers, Site Manager), and overall size of a program. CVG sits in on hiring panels and advises the local partner(s) to help them ask the right questions.

Under this model, the City would outsource the implementation to subject matter experts such as Cure Violence Global, HAVI, or a similarly skilled organization. CVG operates internationally with a sole focus in standing-up violence interruption programs (Appendix). Their National Training Team is in Chicago, Illinois.

Should the City employ a technical assistance organization, a full-time staff person would not be necessary. A part-time staff member could be assigned the implementation as a project and continue as the City liaison or transition role to another staff member. Under this model, an RFP would need to be created to seek out a technical assistance organization or sole source.

Implementation Examples

Following are details of the above-mentioned municipalities that successfully implemented a VIP.

The City of Charlotte, NC: Alternatives to Violence (ATV)

[Alternatives to Violence](#) is a program implemented in Charlotte based on training provided by Cure Violence Global (CVG). ATV is housed by Charlotte’s implementing partner, Youth Advocates Program (YAP). The program seeks to reduce violence locally by 1) interrupting transmission of the disease, 2) reducing the risk of the highest at risk, and 3) changing community norms.

The City of Charlotte and Mecklenburg County work together to implement Cure Violence's methodology through a CBO with a history of work and credibility in the community where violence is taking place. YAP is a nationally recognized nonprofit that has 45 years of agency-wide experience engaging the highest-risk individuals in neighborhoods affected by violence, poverty, and incarceration. Additionally, the City orchestrated the [SAFE Charlotte](#) initiative which includes one (1) million for the SAFE Charlotte Grant Program to support grassroots work in areas of crime fighting and prevention. The Violence Reduction Framework includes [The Community Violence Data](#)

[Dashboard](#), Violence Interruption, and a [Hospital-Based Violence Intervention Program](#) with [Atrium Health's](#) Carolinas Medical Center.

- Budgeted \$394,000 to implement:
 - [Violence Interruption: Cure Violence Charlotte Implementation](#): The Office of Equity, Mobility and Immigrant Integration
 - Partnered with Mecklenburg County [Office of Violence Prevention](#), [Cure Violence Global](#), and [Youth Advocate Programs \(YAP\)](#) to form [Alternatives to Violence](#) (Program title)
 - Allocated \$80,000 to [Cure Violence Global](#), a national organization, to assist in the selection and training of a local implementation partner
 - [YAP](#) is the host/implementation organization and invoices Charlotte each month for expenditures including employee salaries
 - Staff includes 5-6 people: 2 Violence Interrupters, 3 Outreach Workers, 1 Site Supervisor
 - Site Supervisor: \$38,500
 - Violence Interrupter \$36,000
 - Outreach Worker: \$36,000
- Violence Interrupters and Police are hands-off and don't interact in public

The City of Oakland, CA: Youth ALIVE!

Youth ALIVE! is a nonprofit organization that has been helping violently wounded people to health themselves and their community for 30 years. Their mission is to prevent violence and create young leaders; they believe that young people growing up and going to school in the City's most violent neighborhoods possess the power to change the City for the better. In March 2009, Youth ALIVE! convened 30 medical directors, program directors, board chairs, and clinicians to begin a dialogue on the key components and best practices of successful hospital-based intervention. At the end of the two-day symposium, the National Network of Hospital-Based Violence Intervention Programs, made up of eight programs from across the country, was born. That network is now known as the HAVI.

The City of Oakland provides ongoing training and technical assistance to funded agencies in order to build agency capacity, ensure fidelity to best practice service models, and deliver the desired violence prevention outcomes. Program funding comes from the Department of Violence Prevention (DVP) established in 2017 and specific program resources are listed under [Gun/ Group/ Gang Violence Response](#).

- A new category of the employee was created that pays [violence interrupters](#) \$44,000-48,000 with annual bonuses and benefits
 - There's a liaison between police and Interrupters that passes on information scrubbed of certain details: gangs they are interested in, areas of concern, retaliation areas after shooting (they get information, not necessarily give information)
- Prevention, Interruption, and Healing programs work directly with young people caught up in the cycle of violence:
 - [Teens on Target](#): youth-authored, comprehensive, six-session violence prevention curriculum, which older students then present, in the form of workshops, to middle school students across the City
 - [Caught in the Crossfire \(CiC\)](#): Intervention Specialists meet traumatized young victims of violence at their hospital bedsides to convince them, their friends, and family not to retaliate, and offer practical help and a path toward safety and healing
 - [Khadafy Washington Project \(KWP\)](#): guide families and friends of homicide victims through the business and the grief of being survivors

Performance Measures

- **Success Measures:** Responses to violent incidents; contacts with individuals (initial, ongoing, duration); contacts who end up involved in violent crime anyway, percentage of community population; input from youth; input from victims of violent crimes/their families, program usage, trainings administered, services rendered, services referred, frequency of shootings and gun homicides within the target areas, gun-related violent incidents in the target areas year over year and as compared to gun violence rates in council districts overall, community perceptions of violence in the target areas to determine whether the program influences how residents feel about the level of violence in their neighborhoods, etc.
- **Outcomes:** Gun violence is reduced through mitigation, reduce violent responses to crime; support positive mental health outcomes, reduce recidivism and retaliation, increase education of violence prevention, intervention, and healing

Next Steps

As the lead agency and oversight entity, the City should identify the right implementation organization with strong ties to the target community and a history of working with highest-risk individuals. The Cure Violence public health approach to violence reduction has had success in cities across the country. But it is not a solution by itself; violence interruption efforts are a needed piece in a much larger effort to reduce crime and violence, including the critical work of police, prosecutors, more involvement in trauma reduction services, and workforce development. The City's VIP program must be prepared for a discussion with the community to assess Wichita's existing public safety ecosystem, identify gaps, and build the capacity to expand programming to end the cycle of violence.

There are many additional resources available from the [National Network for Safe Communities](#), [Urban Peace Institute](#), the [Live Free Campaign](#), [Cure Violence Global](#), and the [Health Alliance for Violence Intervention](#). Cities wanting to do more to prevent gun violence in their neighborhoods should begin by reaching out to these organizations.



STRUCTURE OF THE CURE VIOLENCE APPROACH

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ROLES FOR CURE VIOLENCE IMPLEMENTATION

Main Program

Oversight Entity - Agency or organization responsible for overseeing the grant and supporting the work

- Oversight and coordination
 - Coordinate all partnerships with city agencies/ services
 - Grant and contract management
 - Fiscal management
 - Connects and convenes meetings with the city and others
- Monitoring, evaluation, and data analysis
- Support with staffing, communications, and training

Potential Oversight Entities:

- Mayor's Office (through Office of Violence Prevention or similar)
- Health Department
- Community Organization
- Foundation
- University
- Hospital

Implementing Partner- Agency or organization responsible for all aspects of implementation

- Oversight of daily site operations
- Staffing
 - Recruitment and selection
 - Human resources management
 - Staff support
 - Identification of training needs
- Data review
- Ensure impact
- Coordination of community, hospital, school partners
- Coordination of public education campaign
- Grants and contracts management
- Participation in Cure Violence training

Potential Implementing Entities:

- Community Organization
- Health Dept.
- University
- Hospital

Program Support

Supporting Partners (Potential Roles)

- Mayor's Office
 - Public support and advocacy
 - Potential funder
 - Support, buy-in, coordination, and services with relevant offices: Office of Neighborhoods, Employment, Housing, Parks, etc.
- Health Department
 - Potential oversight entity
 - Connection to health department services
- Hospitals
 - Implementation of HVIP
 - Connection to trauma unit
 - Access to violently injured individuals
- Law Enforcement
 - Support, buy-in, coordination, and services
 - Violent crime data
 - Group and individual analysis
 - Recruitment, hiring panel, staff review
- Faith Community
 - Support, buy-in, coordination, and services
 - Counseling for participants, families, etc.
 - Involvement in shooting responses
 - Use of facilities
 - Spread messages, support for norm change
 - Recruitment, hiring panel, staff review
- Community Leaders and Organizations
 - Support, buy-in, coordination, and services
 - Recruitment, hiring panel, staff review
 - Spread messages, support for norm change
- Parole/Probation
 - Connection to returning citizens
- Education
 - Identification of high risk conflicts and people
 - Access to school and facilities
 - School-based program

cvvg.org



THE 5 REQUIRED COMPONENTS OF CURE VIOLENCE

Cure Violence is model with specific criteria that are required for implementation.

The Cure Violence Epidemic Control (Health) Model is a data-driven, research-based, community-centric approach to violence prevention. Cure Violence maintains that violence is a learned behavior and that it can be prevented using disease control methods. The Cure Violence Model has specificity: there are three core and two implementing components that are required for it to be a Cure Violence program. Omission of any component does not allow work to be considered as Cure Violence and no anticipation of reduction in violence should be expected or attribution to change in violence can be ascribed to the Cure Violence model without meeting these criteria. This is beyond considerations of fidelity (which describes how well the required components are being implemented).

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1. Detect potentially violent events and interrupt them to prevent violence through trained credible messengers



- Formulate and regularly update (daily, weekly, and quarterly) a strategic plan of action for gathering information and assessing its accuracy and use
- Identify situations that are likely to result in violent acts, such as a prior shooting, group conflict, territory dispute, formation of new group, major arrest, anniversaries, release of key individual from incarceration, and ongoing conflicts by recruiting, selecting, training and supporting those that have the greatest access and trust to the highest and very highest risk
- Respond to shooting victims at partner hospitals by approaching the injured patient, as well as their family and friends, who may be planning to retaliate on their behalf
- Peacefully mediate conflicts using training in techniques such as creating cognitive dissonance, derailing, changing the thinking, changing the decision, providing information, buying time, and negotiating compromise
- It is critical that workers are able to maintain their credibility and access to the highest and very highest risk without undue confusion as to their roles

2. Provide ongoing behavior change and support to the highest-risk individuals through trained credible messengers



- Formulate and regularly update (daily, weekly, and quarterly) a plan of action that identifies a strategy for gathering information and assessing its accuracy and use
- Identify individuals in program area who are at highest and very highest risk for involvement in violence (based on established criteria) through personal connections and knowledge gained from spending time in the community
- Establish contact with highest and highest-risk individuals and groups, developing a relationship, imparting messages rejecting violent behavior, and working to change behaviors by recruiting, selecting, training and supporting those that have the greatest access and trust to the highest and very highest risk
- Each worker establishes a caseload of highest and very highest-risk participants who agree to be part of the program. Workers will have a predetermined number of participants (typically 10 to 20) within the first 4 months of work
- For each participant, the worker conducts an assessment and develops a risk reduction plan for reducing the participant's risk and shifting their behavior
- Workers meet with participants several times a week, including at critical times of need, developing a relationship and working to change behaviors through specific messaging designed to address issues faced by the participant
- Workers assist participants in dealing with a number of issues – such as education, employment, criminal justice, mental health, alcohol, drugs, trauma, reentry, and related life skills – through the utilization of existing social services
- Formal weekly staff meetings and regular supervisor reviews are conducted to discuss and update the current understanding of the violence in the community and the strategies for interrupting it
- It is critical that workers are able to maintain their credibility and access to the highest and very highest risk without undue confusion as to their roles

